

## Somerset Health and Care Strategy Update

Lead Officer: Dr Rosie Benneyworth

Author: Ruth Smith/Amanda Hirst

### 1. Summary

- 1.1 The development of the Somerset Health and Care Strategy is jointly led by Somerset County Council (SCC) and Somerset Clinical Commissioning Group (SCCG) with full involvement from local people (service-users, patients, carers and members of the public) and local providers across health and social care, including the voluntary and third sectors.

Developing a Somerset Health and Care Strategy will enable us to:

- improve the health and wellbeing of our local population and address health equalities, and
- change the way services are commissioned and delivered in order to provide higher quality care and ensure their long term sustainability and affordability.
- address the financial challenges facing the health and social care system.

### 2. Issues for consideration / Recommendations

- 2.1 The purpose of this paper is to provide members of the Scrutiny Committee with a progress report. Members are asked to comment in relation to the work undertaken to date and, in particular, regarding engagement, consultation and communication plans.

### 3. Background

- 3.1 The Somerset Health and Care Strategy, 'Fit for my Future' is being developed through:
- **Working together with local people.** Somerset's health and care leaders, together with doctors, nurses, healthcare professionals and support staff, local people (service-users, patients, carers and members of the public) to identify the challenges we face and find solutions that work for Somerset. Together, we will look at Somerset's health and care needs and how best this can be supported in the future.
  - **Developing proposals in relation to the delivery of services in Somerset to ensure that we can meet both current and future challenges.** Proposals will be developed which identify the population need, and address what services we commission, how

these are delivered and where these services should be provided. The proposals developed will look to deliver high-quality and safe services, whilst making the best use of resources, both in terms of skilled staff and taxpayer funds.

- **With full public consultation and engagement.** As well as working with patients and local stakeholders throughout the process there will be full and effective public engagement and, where necessary, formal consultation.

### 3.2 Development of the Somerset Health and Care Strategy will take place in two phases:

- **Phase 1** – ensuring alignment with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy, establish a detailed case for change, and identify a range of potential options and proposals to address the wide range of challenges faced.
- **Phase 2** – agree which proposals require public consultation and those which form part of business as usual. Those which require public consultation will form part of a public engagement process as detailed below.

### 3.3 The draft case for change

The draft case for change has been shared with over 700 stakeholders and members of the public and a summary of the key messages in the document are shown below:

- We need to do more in relation to prevention and self care.
- We need to do more to address inequalities and support vulnerable groups of people.
- The care we provide needs to be better integrated and more holistic.
- Our current model of providing care does not support people to be independent and too many people are admitted to hospital and too many people stay there too long
- We need to do more to support people's mental health wellbeing.
- Not all our more specialist services are sustainable in their current form.
- The whole system is not financially sustainable without substantial change.

### 3.4 Emerging proposals

Work is underway to develop proposals which will address the challenges we have identified in the draft case for change. At present the emerging proposals are:

- **Urgent and emergency care**
  - Develop a single integrated system for accessing emergency and urgent care services.
  - Develop a network of urgent treatment centres in line with national guidance.
  - Review stroke services to determine the best future model, including stroke rehabilitation and neuro-rehabilitation.
  - Review options to enhance those specialties which are most vulnerable and support the delivery of efficient elective care at acute hospitals.
  
- **Proactive care, long term conditions and frailty**
  - Work with local communities and neighbourhoods to improve health and wellbeing, with a focus on encouraging people to address risk factors linked to their lifestyle.
  - Support primary care to delivery proactive care consistently such as care planning, care co-ordination, health coaching, and drawing on local networks of support.
  - Move to a neighbourhood team model, which can provide alternative services to hospital admission.
  - Develop a single approach to supporting people with frailty.
  - Develop and enhance community based packages of care to support people following hospital discharge.
  - Develop an integrated care model for diabetes.
  
- **Mental health and learning disabilities**
  - Ensure that services for people with common mental health needs provide a wide range of resources and support at lower levels of need, including social prescribing.
  - Develop a more robust community offering for people with complex needs.
  - Offer a 24 hour, 7-day community based service for people in crisis.
  - Make it as easier for people with learning disabilities to access health and care services and enhance access to screening programmes.
  - Provide better services for people with memory loss, including earlier diagnosis and more care in people's own homes.
  - Ensure we meet mandated service levels for psychosis services. and provide a more flexible and earlier support for people with emerging disorders.
  
- **Children's and maternity services**
  - Identify opportunities to develop a single maternity and neonatal service.
  - Collaborate with health, social care, public health, education and the community, in relation to how children's services are provided system wide.
  
- **Planned care**
  - Transform outpatient services by streamlining current processes and offering alternatives to traditional appointment systems, such as telephone appointments and virtual clinics.

- Ensure we have sufficient capacity in the right place 24 hours a day, 7 days a week to support early diagnosis and provide better clinical access to tests.
- **Cancer**
  - Progress a Somerset wide network model for cancer services which will address work force challenges and deliver consistently high standards of cancer care.

These emerging proposals will be further developed during September and early October, at which stage a decision will be made which proposals need to be part of a public consultation.

### **3.5 Communications and engagement strategy: Fit for my Future - A healthier Somerset**

A multi-agency - Somerset CCG, Somerset County Council, NHS Foundation Trusts, NHS England, St Margaret's Hospice, Healthwatch and VCSE - group of communications and engagement leads has been established to work together in developing and delivering a communications and engagement strategy.

A copy of the strategy is attached with this report however in summary:

#### **What we have set out to achieve with the strategy:**

- Ensure patients, public, staff and stakeholders understand the challenges faced by health and social care services in Somerset, the process for arriving at a sustainable integrated service for the future, and how to get involved
- Build public, staff and stakeholder confidence in the delivery of the programme by ensuring that learning from the STP and other change and transformation programmes, including public feedback, informs the strategy
- Provide opportunities in advance of any formal proposals for change to test and develop new proposals with patients, partners and NHS and local authority staff, and a diverse range of residents across the county with differing experiences of health and social care services, and from differing socio-economic backgrounds
- Lead targeted engagement work with seldom heard groups to ensure their feedback is considered
- Recognise the importance of staff across all organisations as ambassadors and change agents.

#### **Our timeline**

We have divided the timeline into 2 stages. This is subject to final approval by the Programme Board in early September.

**Stage 1 Engage and Involve** - early engagement and involvement of staff, stakeholders, lay and experienced service users and the wider public in understanding the challenges we face, the case for change, and the emerging options which could provide solutions. We will do this in three phases.

Stage 1 Phase One

July-September 2018

**Engage & Involve**

(Staff, Strategic Stakeholders, Lay & Experienced Service Users)

Stage 1 Phase Two

September 2018

**Engage and Involve**

(SCC & neighbouring HOSCs; Somerset CCG AGM & Foundation Trust AGMs)

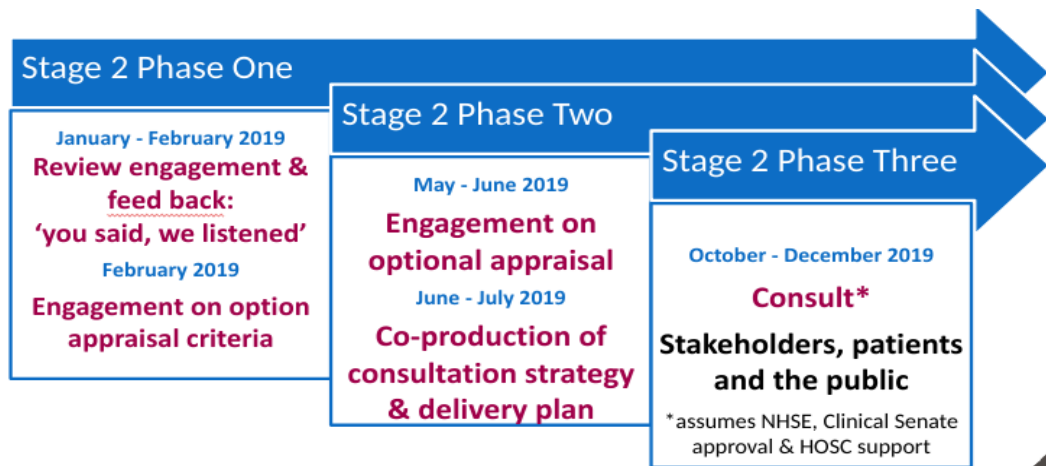
Stage 1 Phase Three

September - December 2018

**Engage and Involve**

(Public engagement - broadest reach)

**Stage 2 Option Appraisal and Co-design** - engagement and involvement of staff, strategic stakeholders and service users in open and transparent option appraisal process prior to any consultation that may be required once detailed business case and programme are approved.



### Consultations undertaken

Not applicable

### Implications

Not applicable

### Background papers

Communication and Engagement plan

**Note:** For sight of individual background papers please contact the report author